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# Roadmap:
# A Systems Perspective

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# What Policies Guide Us?

**CMS – HCBS Settings** - Provide opportunities for individuals to seek employment and work in competitive integrated settings, engage in community life, and control personal resources.

**Olmstead** - "A public entity shall administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities," meaning "a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible."

**Medicaid Modernization** –
- Improved quality and access
- Greater accountability for outcomes
- More predictable and sustainable Medicaid budget

**Mental Health Re-Design** –
- Equitable access to a uniform and integrated array of basic, core and additional core services
- Services based on best practices and that are cost effective
- Services that support Iowans with disabilities to achieve the quality of life they desire in their communities

**New Freedom Initiative** - Allow adults with serious mental illness and children with serious emotional disturbances to live, work, learn, and participate fully in their communities.

**SF504** – Develop a community plan and engage the community to serve individuals with complex needs in their communities.

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# Aligning Philosophy, Practice, & Outcomes

**Organizational Profile** - What's important?

**Process** – What do we do & how do we do it?

**Results** – Were we successful?

**Core Values** – What do we stand for?

Focus

*

Align

*

Accelerate

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Organizational Profile

Drivers

Core Work

Strategy

Workforce

Leadership

Integration

RESULTS

Customers

Operations

Measurement, Analysis, and Knowledge Management

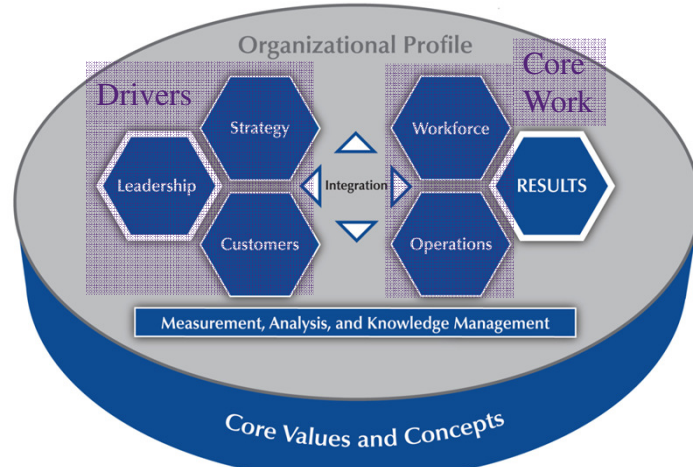Core Values and Concepts

From Baldrige Performance Excellence Program. 2015. *2015–2016 Baldrige Excellence Framework: A Systems Approach to Improving Your Organization's Performance.* Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology. http://www.nist.gov/baldrige.

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# Aligning Philosophy, Practice, & Outcomes

Approach

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Deploy

*

Learn

*

Integrate

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**Steps toward Mature Processes**
An Aid for Assessing and Scoring Process Items

**Reacting to Problems (0–25%)**
Operations are characterized by activities rather than by processes, and they are largely responsive to immediate needs or problems. Goals are poorly defined.

**Early Systematic Approaches (30–45%)**
The organization is beginning to carry out operations with repeatable processes, evaluation, and improvement, and there is some early coordination among organizational units. Strategy and quantitative goals are being defined.

**Aligned Approaches (50–65%)**
Operations are characterized by repeatable processes that are regularly evaluated for improvement. Learnings are shared, and there is coordination among organizational units. Processes address key strategies and goals.

**Integrated Approaches (70–100%)**
Operations are characterized by repeatable processes that are regularly evaluated for change and improvement in collaboration with other affected units. The organization seeks and achieves efficiencies across units through analysis, innovation, and the sharing of information and knowledge. Processes and measures track progress on key strategic and operational goals.

From Baldrige Performance Excellence Program. 2015. *2015–2016 Baldrige Excellence Framework: A Systems Approach to Improving Your Organization's Performance.* Gaithersburg, MD: U.S. Department of Commerce, National Institute of Standards and Technology. http://www.nist.gov/baldrige.
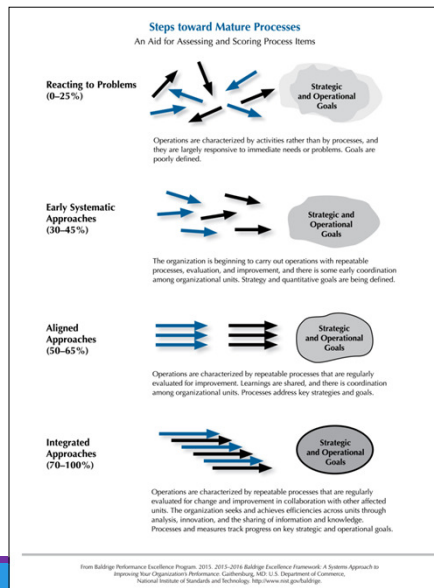
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# FY18 Strategic
# Action Plan

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# QSDA FY18 Strategic Action Plan

### Service Development Workgroup
- C3 De-Escalation
- Multi-Occurring
- Trauma Informed
- Cultural Competency
- Integrated Care

### Service Delivery Workgroup
- Support evidence-based, research based, & best practices
- Implement fidelity measures
- Explore IMR-EIMR

### Service Assessment
- Continue to collect outcome data
- Validate data to ensure consistent implementation
- Establish goals and supports for next 12 months

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# Roadmap:  Collaboration

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# Learning Communities/Shared Learning

## Evidence Based Practices (Philosophies)

- Trauma Informed Care
- Integrated Treatment for Co-Occurring Substance Abuse and Mental Health Disorders
- Cultural Competency

## Evidence Based Programs

- Supported Employment
- Permanent Supported Housing (PSH)
- Assertive Community Treatment (ACT)
- Family Psychoeducation
- Illness Management and Recovery

## Research Based Practices (Philosophies)

- 5 Star Quality
- C3 De-Escalation
- I-START

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# Roadmap:  Regional Dashboard

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## Services are Provided with Proven Strategies to Yield Desired Results

**Value-Based Contracting**
- Statewide Quality of Life/Social Determinant Outcomes
- Pay for Performance

**Independent Verification of Network Provider Service Readiness**
- % Trained in EBP
- % Implementing EBP
- % Implementing EBP to Fidelity

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# Why Moving to Value-Based Contracting?

**"As health care systems transition from an encounter-based view of health care to a value-based focus on improved patient outcomes and satisfaction and reduced costs, they must map the system of care to identify the microsystems and redesign the care experience."(*)**

Key Issues:
- Fee for Service (FFS) doesn't provide financial incentives to use EBPs or performance measures
- Only ways to control FFS costs is through limiting eligibility, limiting units, or reducing reimbursement rates
- No industry standards or benchmarks
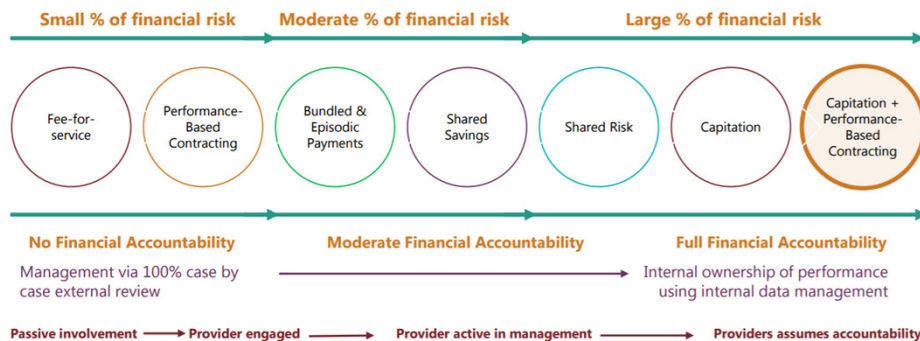- Increased focus on connecting the head and body: services and supports



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*https://hbr.org/2017/10/how-the-u-s-army-redesigned-its-mental-health-system

**C S N**
COMMUNITY
SERVICES
NETWORK

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# Transitioning from Fee for Service (FFS) to Value-Based Contracting (P4P)



Compensation Continuum By Level Of Financial Risk

Small % of financial risk — Moderate % of financial risk — Large % of financial risk

Fee-for-service | Performance-Based Contracting | Bundled & Episodic Payments | Shared Savings | Shared Risk | Capitation | Capitation + Performance-Based Contracting

**No Financial Accountability** — **Moderate Financial Accountability** — **Full Financial Accountability**

Management via 100% case by case external review — Internal ownership of performance using internal data management

Passive involvement → Provider engaged → Provider active in management → Providers assumes accountability

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**C S N**
COMMUNITY
SERVICES
NETWORK

## Transitioning from "We Care" to "We Deliver"



## Types of Quality Measures

**Structure**
- Are systems in place to support good care?
  - Evidence Based Practices, Qualified Providers

**Process**
- Are people receiving needed services?
  - Evidence Based Programs, Access to Services, Level of Support

**Results**
- Return on Investment (ROI) ~ Are services making a difference?
  - Social Determinant/Quality of Life Outcomes

## Statewide Social Determinants of Health

**Somatic Care**
- Be connected to physical health care

**Housing**
- Live in safe, affordable, accessible & acceptable housing

**Employment**
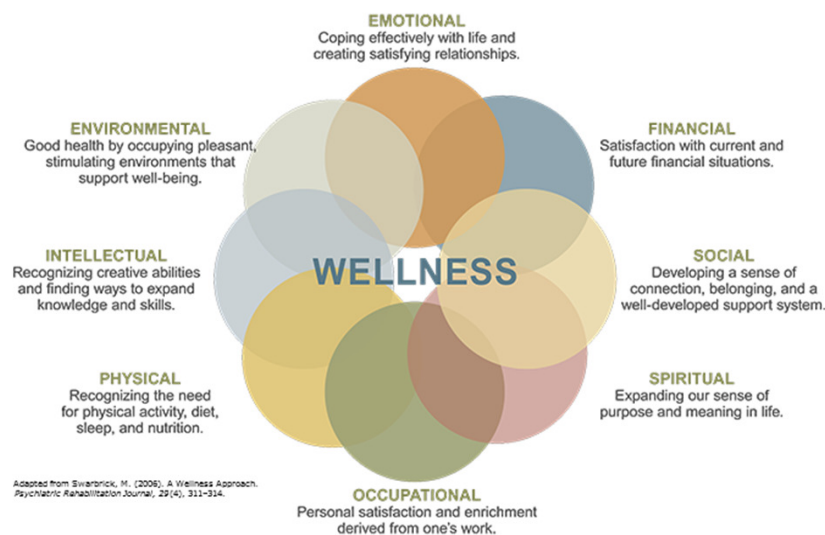- Work at least 5 hours per week earning at least minimum wage

**Community Integration**
- Participate in civic, spiritual, or cultural activities

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# Wellness Dimensions (SAMHSA)



**EMOTIONAL**
Coping effectively with life and creating satisfying relationships.

**ENVIRONMENTAL**
Good health by occupying pleasant, stimulating environments that support well-being.

**FINANCIAL**
Satisfaction with current and future financial situations.

**INTELLECTUAL**
Recognizing creative abilities and finding ways to expand knowledge and skills.

**WELLNESS**

**SOCIAL**
Developing a sense of connection, belonging, and a well-developed support system.

**PHYSICAL**
Recognizing the need for physical activity, diet, sleep, and nutrition.

**SPIRITUAL**
Expanding our sense of purpose and meaning in life.

**OCCUPATIONAL**
Personal satisfaction and enrichment derived from one's work.

Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal, 29*(4), 311-314.
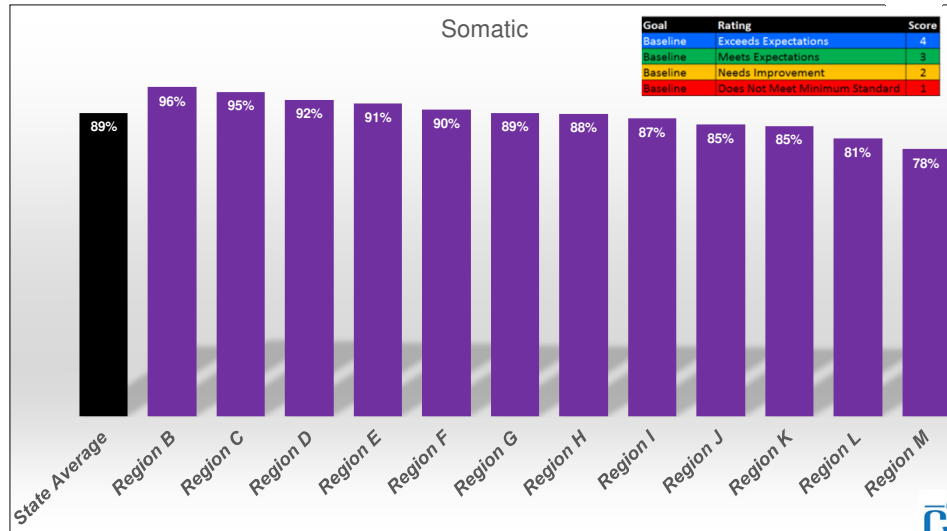
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# How Did We Do?

**Area**:
Somatic Care

**Description**:
The percentage of individuals having involvement with a physical health care physician.

**Comment**:
Scored annually.

Reported results are provider self-reported and not verified/validated.
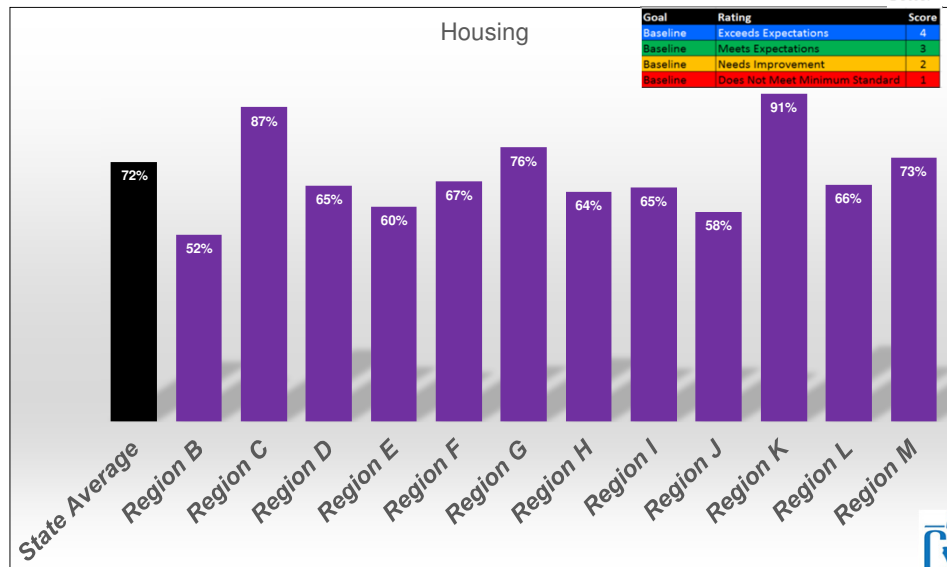
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# How Did We Do?

**Area**:
Community Living

**Description**:
The percentage of individuals living in safe, affordable, accessible, and acceptable living environments annually

Reported results are provider self-reported and not verified/validated.

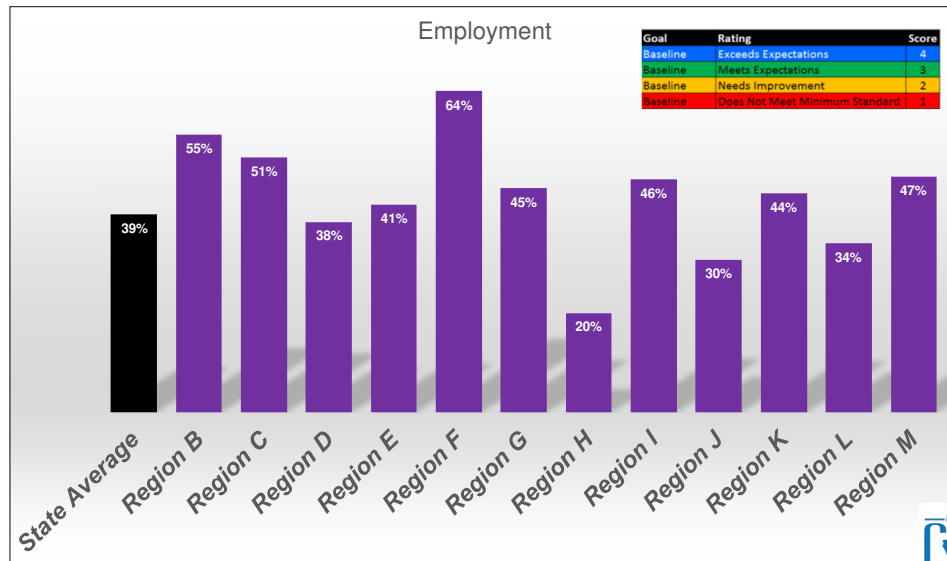**QSDA**

# How Did We Do?

Better

**Area**:
Community Employment

**Description**:
The percentage of individuals working 5 or more hours a week at or above minimum wage.

Reported results are provider self-reported and not verified/validated.

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Employment

| Goal | Rating | Score |
|------|--------|-------|
| Baseline | Exceeds Expectations | 4 |
| Baseline | Meets Expectations | 3 |
| Baseline | Needs Improvement | 2 |
| Baseline | Does Not Meet Minimum Standard | 1 |

State Average 39%, Region B 55%, Region C 51%, Region D 38%, Region E 41%, Region F 64%, Region G 45%, Region H 20%, Region I 46%, Region J 30%, Region K 44%, Region L 34%, Region M 47%

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# How Did We Do?

Better

**Area**:
Community Integration

**Description**:
The percentage of individuals accessing one category area (spiritual, civic, cultural) and participating at least 3 times annually.

**Comment**:
Scored annually.

Reported results are provider self-reported and not verified/validated.

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Community Integration

| Goal | Rating | Score |
|------|--------|-------|
| Baseline | Exceeds Expectations | 4 |
| Baseline | Meets Expectations | 3 |
| Baseline | Needs Improvement | 2 |
| Baseline | Does Not Meet Minimum Standard | 1 |

State Average 80%, Region B 65%, Region C 87%, Region D 83%, Region E 75%, Region F 92%, Region G 81%, Region H 87%, Region I 76%, Region J 75%, Region K 77%, Region L 78%, Region M 70%